



MARICOPA MEDICAL CENTER

DEPARTMENT OF SURGERY
2601 E. ROOSEVELT STREET
PHOENIX, AZ 85008

CONTACT: Kristi Luper, Clerkship Coordinator
OFFICE (602) 344-5608
FAX: (602) 344-1903

Clinical Clerkship/Elective/Medical Student Application ~~ (please type or print)

ROTATION REQUEST

Rotations Offered: Trauma, SICU, Surgery A, Surgery B, Burn, Vascular, Pediatric Surgery, Plastics, ENT, & GU.
All rotations are 4 weeks. Must submit 45 to 60 days prior to rotation.

ROTATION TITLE (My 1st preference)

INCLUSIVE DATES

(2nd preference - if 1st preference is unavailable)

INCLUSIVE DATES

(3rd preference - if 2nd preference is unavailable)

INCLUSIVE DATES

PERSONAL DATA

Name in Full (First, Middle, Last)

Social Security # DOB:

Current Home Address:

Home Telephone: Pager:

Fax: E-Mail Address:

Emergency Contact: Telephone:

EDUCATION

Undergraduate School:

Mo/Yr to Mo/Yr: Degree:

Medical School:

Mo/Yr to Mo/Yr (expected date of graduation):

If Foreign Medical Student, date of examination:

CLERKSHIP	
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If you have previously completed any clerkships/elective/rotations at Maricopa Medical Center, indicate rotation and inclusive dates:

ROTATION #1: _____ **DATES:** _____

ROTATION #2: _____ **DATES:** _____

OTHER

❖ Have you ever been charged with a violation (excluding traffic violations) of any statute of any state, the U.S. or any foreign country? ☐ No ☐ Yes

❖ In order for my application to be complete, I have attached the following documents:

- ☐ **Curriculum Vitae**
- ☐ **USMLE/COMLEX/ECFMG Scores Part I & II (as appropriate)**
- ☐ **Letter from the Dean of your Medical School stating approval of this rotation and class rank**
- ☐ **Immunization Record** (TB must be current – within 12 months of requested rotation)
- ☐ **Certificates of Liability Insurance**
- ☐ **Proof of Personal Health Insurance**
- ☐ **Copy of School ID, Passport or State Issued ID Card**
- ☐ **Verification of HIPPA Training**

I hereby certify that the information I submit in this application is complete and correct to the best of my knowledge and belief (must be signed to process application).

Applicant Signature

Date

[illegible]

OFFICE USE ONLY:

Coordinator Approved on: _____ Comments: _____

Sent to Attending on: _____ Attending Approved/Denied on: _____

Sent to GME on: _____ GME Approved/Denied on: _____ Sent Letter on: _____

Department Approved Dates: _____ Department Approval: _____